

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



February 3, 1975

ALL-COUNTY LETTER NO. 75-29

TO: ALL COUNTY WELFARE DIRECTORS
COUNTY AUDITORS
DISTRICT ATTORNEYS

SUBJECT: CLAIMING COSTS FOR AFDC COLLECTIONS

REFERENCE: Welfare and Institutions Code Section 11459

Steps have been taken to implement Section 11459 of the Welfare and Institutions Code in accordance with policy guidelines established by the Joint Legislative Budget Committee. The county share of funds recovered by a county from persons who have fraudulently obtained AFDC funds may be increased from the 15 percent the county currently receives through the regular repayment claiming mechanism up to 25 percent of the total funds recovered by the county. The 25 percent reimbursement is effective as of January 1, 1975.

Claiming Instructions

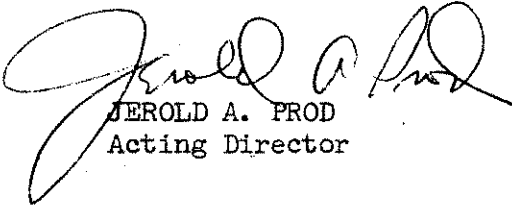
Claims for the additional share of county funds will be submitted quarterly on the Summary Report of Costs of AFDC Collections, Form DFA 800, a sample of which is attached. An initial supply of the form will be sent to you under separate cover. Space is provided on this form for summarizing the total repayments collected each month during the quarter as reported on Form CA 800, Line 23, Column C, and Form CA 800 (BHI), Line 20, Column C.

The costs of collections (county share) of Special Investigation Unit Costs (25%) (see Form DFA 325.2, Group III, Direct Costs, B. Eligibility and Nonservice, 1. Personal Services - Administrative Expense Claim) or District Attorney AFDC Fraud Investigation Costs (100%), based on time studies (DFA 325.2 Group VI, Extraneous) will be reimbursed up to 10 percent of the total repayments collected. The claimable amount is the costs of collections or 10 percent of the total repayments collected, whichever is less. This is in addition to the 15 percent the county receives through the regular repayment claiming mechanism.

Claims for Costs of AFDC Collections are to be filed with the Department of Benefit Payments by the twelfth working day following the end of the reporting quarter. Reimbursement will be on a cash claim basis, effective with the quarter ending March 31, 1975.

Contact References: Aid Claiming - Evelyn Fisher, 916/445-7046
Administrative Claiming - Dick Lowry, 916/445-7046

Sincerely,



JEROLD A. PROD
Acting Director

Attachment

cc: CWDA

SUMMARY REPORT OF COSTS OF AFDC COLLECTIONS (W&I Code Section 11459)

FOR STATE USE ☐ DBP ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY	DATE (QUARTER/YEAR)
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	MONTH/YEAR	AID CATEGORY	TOTAL REPAYMENTS COLLECTED
1.		AFDC-FG	\$
2.		AFDC-FG	\$
3.		AFDC-FG	\$
4.		AFDC-U	\$
5.		AFDC-U	\$
6.		AFDC-U	\$
7.		AFDC-BHI	\$
8.		AFDC-BHI	\$
9.		AFDC-BHI	\$
10.	TOTAL		\$
11.	Line 10 x .10		\$
12.	County Share of (1) AFDC-SIU (DFA 325.2, Group III, Direct Costs, B. Eligibility and Nonservice, 1. Personal Services x .25) OR (2) District Attorney AFDC Fraud Investigation Costs (DFA 325.2, Group VI, Extraneous)		\$
13.	Costs of Collection to be Remitted to County (the lesser of Lines 11 or 12)		\$

CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in and for said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the welfare programs; that aid repayments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Benefit Payments.

CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official in aforesaid county, responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures reported herein have been authorized by the welfare director; and that warrants therefore have been issued or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY WELFARE DIRECTOR

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

DATE